

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE |
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| | | | | | | | APPLICANT(S) | |
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| TOTAL DEP. | 90 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| TOTAL CLAIMS | 56 | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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